

EXPLORING PATIENTS' TRUST DURING COVID-19 PANDEMIC

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ABSTRACT

Trust is well recognized as a critical component of effective health system processes, as patient trust is known to influence satisfaction and other health-related behaviors. The COVID-19 pandemic has strongly affected healthcare organizations, leading to the need for reorganizing services, practices, interactions. Particularly, because of COVID-19 pandemic, patient/doctor exchanges have increasingly been mediated by digital technologies, thus leading to potential devaluation of patients trust toward the healthcare system.

Therefore, exploring what determines and what foregoes trust in healthcare system is of paramount importance. This study aims to fill this gap by exploring the role of digital technologies on patients' trust toward general practitioners (GPs), during Covid-19 pandemic.

Through a survey on 284 patients, we investigate the effect of digital technologies and fear for COVID-19 on patients' trust toward general practitioners (GPs). The study was realized in the regional healthcare system of Tuscany, in Italy, the first Western country hit by the COVID-19. Data from the Tuscan PROMs Observatory questionnaires were used together with a specific survey on the experience with healthcare services during the first and the second pandemic wave periods.

Results show that whether the relationship with the GP takes place in the usual way (in person or by telephone) or using digital technologies, there is no significant relationship with trust. Moreover, findings demonstrate that the trust in the GP was higher for patients cared during the first wave.

It can be argued that a wider adoption and use of digital technologies in the GP-patient relationship could not negatively affect the relationship itself, precisely by virtue of the strength of the patients' trust. This hypothesis should be tested considering other health professionals / services where the adoption of digital technologies can be a solution to waiting lists, difficulty of access for lack of services' proximity or equity of access for

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certain groups of patients.

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